



After the Diet™

Helping Humans Overcome Eating Problems

Sustain Your Body...Sustain The PlanetSM

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Be sure to vote! No one knows what's best for you but YOU.



Antidepressant Medications

The prescription drugs listed below are used for many problems other than **depression**, including: insomnia, obsessive-compulsive disorder, **fibromyalgia**, and anxiety. It is important to understand why you have been prescribed these medications and to be assertive with your caregivers if you feel you are having complications that outweigh the benefits of using them. There may be another medication that offers more benefits with fewer side effects—before completely stopping the medication, ask about other possibilities.

The comments in the third column are a work in progress. The information included is by no means all-inclusive, but it does provide an idea of what kind of interactions with food and weight have been scientifically observed and recorded in the National Library of Medicine PubMed database. All references are included below the chart.

We limited studies reported to double-blind designs, which means that neither the subjects nor the researchers knew during the study who was receiving the real drug and who was receiving the placebo. This is a research design that helps to reduce bias in reporting results. Weight gain after starting a medication regime is typically one of two kinds: (1) regain of weight that was lost due to anxiety/depression (this may actually be a positive sign of restored health) and (2) weight gained over and above any weight change experienced before the onset of anxiety/depression (this may be a sign of a negative medication side effect). Simply reporting that weight gain occurs with the use of a medication is not enough. A double-blind design is needed to more accurately evaluate which kind of weight gain a particular medication is prone to cause, and whether or not this is cause for concern.

Need more information?

1. Our *Nutritional Implications of Psychotropic Medications CD* summarizes the neurophysiological, hormonal (with emphasis on diabetic/PCOS potential), and nutritional (weight/appetite) aspects of 58 psychotropic medications in the antidepressant, anxiolytic, mood stabilizing, antiepileptic, antipsychotic, anti-Parkinson's, Alzheimer's, and psychostimulant categories.

—Which psychiatric medications interfere with fertility

—Which psychiatric medications are associated with diabetes and metabolic syndrome

—Which medications affect vitamin and mineral metabolism

—Off label uses for these medications

We surfed thousands of PubMed abstracts so you don't have to!

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2. **New! This Is Your Brain On Psych Drugs** is our brand-new consumer publication that provides an introduction to psychotropic medications and their nutritional perspective. It provides a summary of the most popularly linked information on our sister blog, presented in user-friendly language.



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3. Because this page received so much traffic and because the format in the above resource did not allow for me to write about many important aspects of psychiatric medications, I started a *new blog*. Please visit!

www.thisisyourbrainonpsychdrugs.blogspot.com

4. **Krause's Food & Nutrition Therapy by Mahan and Escott-Stump, 12th Edition**, contains more information about nutrition and mental health. [Click here for ordering information](#).

Have you tried omega-3 fatty acids?

This nutritional supplement is quickly gaining credibility as a complementary treatment for mental health issues. [Click here](#) for more information on omega-3 fatty acids; [click here](#) for more information on an omega-3 supplement After the Diet has had a part in developing.

Want to learn more?

If you feel that your weight gain and your depression are related, it is possible that you have metabolic syndrome. In women, this can manifest as **polycystic ovary syndrome**. After the Diet is very actively working to educate both medical professionals and women with this disorder about nutritional options for managing both weight and depression. Please check out our [web page on PCOS](#)--and if you happen to live in the Phoenix or Los Angeles areas, please consider attending our brand-new [inCYST™ programs](#) to learn more.

THIS CHART LAST UPDATED MAY 26, 2007.

Trade Name	Generic Name	Research Comments on Weight/Nutrition/Appetite Interactions
Celexa®	citalopram	<ul style="list-style-type: none">• Reduces appetite for sweets (1).• Significantly reduced binge eating episodes (2).• Effective in the treatment of binge eating disorder (3, 4).• Meta-analysis suggests weight loss effect (5).
Cymbalta®	duloxetine	<ul style="list-style-type: none">• In rats, observed to decrease food intake in the 2 to 8 hour period following administration (6).• In 1159 subjects, reduced weight by an average of 0.2 kg (7).• In a study of 128 individuals, weight modestly increased over a 2 year period (8).• In a study of 1279 patients, average weight gain after a year was 2.4 kg (9).
Effexor®	venlafaxine	<ul style="list-style-type: none">• Useful in the treatment of binge eating disorder (10).• Reduces food intake (11).• Weight loss has been reported (12).• In rats, observed to decrease food intake in the 2 to 8 hour period following administration (6).

Elavil®	amitriptyline	<ul style="list-style-type: none"> In a sample of 144 patients treated over a course of 8 weeks, significant weight gain was observed (13). In a systematic review of antidepressants, had the highest incidence of weight gain (14).
Ludiomil®	maprotiline	<ul style="list-style-type: none"> Weight gain has been reported (15). In a systematic review of antidepressants, had "intermediate potential" for weight gain (14).
Nardil®	phenelzine sulfate	<ul style="list-style-type: none"> Weight gain has been reported (16). Reduces symptoms of bulimia (17).
Norpramin®	desipramine	<ul style="list-style-type: none"> No weight gain reported in a 4 week study in individuals with depression (18). May have therapeutic benefit in reducing symptoms of bulimia (19).
Parnate®	tranylcypromine sulfate	<ul style="list-style-type: none"> Decreases appetite (20). Reduces symptoms of bulimia (21).
Paxil®	paroxetine hydrochloride	<ul style="list-style-type: none"> In a study of 32 elderly patients treated for 8 weeks, those who gained the most weight were the ones who had lost the most weight prior to using medication. Degree of weight loss associated with depression was correlated with the severity of depression (22). A total of 96 patients with major depressive disorder were given paroxetine and compared to similar groups on sertraline and fluoxetine. The patients were treated for 26-32 weeks. A significantly greater number of patients receiving paroxetine than those on the other two drugs gained 7% of their original weight or more during the course of treatment (23). In a sample of 144 patients treated over a course of 8 weeks, no significant weight gain was observed (13). 3% of a sample of approximately 100 subjects lost weight over 8 weeks of treatment with an average dose averaging 25.5 mg per day (14a). Less weight gain when compared to mirtazapine in a 6 week study of 123 patients averaging a dose of 22.9 mg/day (24). A review of over 1800 research subjects with generalized anxiety disorder did not show any significant increase in weight (25). A marked association between general and abdominal obesity has been reported (26).
Prozac®	fluoxetine hydrochloride	<ul style="list-style-type: none"> Reduces food intake and is associated with weight loss in depressed and otherwise healthy individuals (23, 27-30). Weight changes are dependent on weight at onset of use; weight loss is observed in persons whose weight is classified as "overweight," "ideal" weight persons gained some weight, and "underweight" persons showed no significant weight trend (31). Fluoxetine plus behavior modification therapy resulted in greater weight loss than fluoxetine alone. Protocol did not appear to help with binge eating (32). Significant reduction in body weight in women with bulimia who used the drug in combination with intensive psychotherapy (33). Improved symptoms of bulimia, including: depression, carbohydrate craving, and dysfunctional eating attitudes and behaviors (34, 35, 36, 37). A modest but insignificant number of 44 patients receiving treatment for 26 to 32 weeks gained more than 7% of baseline weight (23). 11.88% of a sample of approximately 100 subjects lost weight over 8 weeks of treatment with an average dose averaging 27.5 mg per day (14a). Helps to lose weight in obsessive-compulsive disorder (38).
		<ul style="list-style-type: none"> Weight gain reported on doses of 15-60 mg over 8 weeks of treatment (39). Weight gain reported on average dose of 32.7 mg over 6 weeks of treatment (40).

Remeron®	mirtazapine	<ul style="list-style-type: none"> • Weight gain in 50% of individuals receiving an average of 18.3 mg over 8 weeks (41). • Weight gain averaged 1.4 kg over 40 weeks of treatment on a dose of 15-45 mg (42). • No weight gain reported with an initial dose of 15 mg (increased to 30 mg when needed) over 4 weeks of treatment (43). • More weight gain when compared to paroxetine in a 6 week study of 127 patients averaging a dose of 32.7 mg/day (24). • In 147 patients treated with mirtazapine, the average weight gain was 0.8 lbs. (38).
Sinequan®	doxepin	<ul style="list-style-type: none"> • Trend toward increased appetite and weight (44).
Tofranil®	imipramine	<ul style="list-style-type: none"> • Increased a preference for sweets in 15% of a test sample (45). • Weight gain has been reported (46, 47). • Perception of weight change altered with treatment; a 5 lb. weight change was more problematic during recovery than during depression (48). • Reduces binge duration in obese bingers (13, 14a); adding this drug to nutrition and psychological counseling helps with weight loss even for at least 6 months off of medication (14a). • Reduces symptoms of bulimia (24).
Wellbutrin®	bupropion	<ul style="list-style-type: none"> • Is currently under investigation as a potential component of obesity treatment (49, 50). • Meta-analysis suggests weight loss effect (5). • Associated with weight reduction (50). • Reported to decrease food intake and weight (54).
Zoloft®	sertraline hydrochloride	<ul style="list-style-type: none"> • A modest but insignificant number of 48 patients receiving treatment for 26 to 32 weeks gained more than 7% of baseline weight (23). • Inhibits food intake and decreases weight without affecting locomotion (51-53). • In individuals with obsessive-compulsive disorder, an average weight gain of 4.5% was experienced during a 2 year period of using this medication (54).

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